Alaska	Cardiot	horacic Surgery, F							
Procedure Category	Procedure Code	Procedure Description	Price per unit						
Surgery Cardiovascular System	33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited	\$ 4,178.00						
Surgery Cardiovascular System	33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	\$ 32,000.00						
Surgery Cardiovascular System	33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	\$ 32,500.00						
Surgery Cardiovascular System	33430	Replacement, mitral valve, with cardiopulmonary bypass	\$ 42,000.00						
Surgery Cardiovascular System	33508	Endoscopy, surgical, including video- assisted harvest of vein(s) for coronary artery bypass procedure	\$ 2,958.00						
Surgery Cardiovascular System	33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft	\$ 3,100.00						
Surgery Cardiovascular System	33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts	\$ 6,000.00						
Surgery Cardiovascular System	33533	Coronary artery bypass, using arterial graft(s); single arterial graft	\$ 31,600.00						
Surgery Cardiovascular System	33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	\$ 35,800.00						
Evaluation and Management Services	99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	\$ 205.00						
Clinic Name & Location:		Alaska Cardiothoracic Surgery, PC							-
		2741 DeBarr Rd., Suite C-416 Anchorage, AK 99508-2998							
Clinic Website: DHSS Website:	None (http://dhss.alaska.gov/)								<u> </u>
Contracted Insurance Companies:	11114-2-7-18 ISS - 80005/EH - 407/7	Aetna, Blue Cross							
The undiscounted price may be hig	nher or lower than the amou	nt an individual actually pays for the health care services descr	ribed in the list.						\vdash
You will be provided with an estim	ate of the anticipated charg	es for your nonemergency care upon request. Please do not he	sitate to ask for info	rmation ."					T